



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

April 15, 2003

**MEMORANDUM**

**TO:** Area Directors

**FROM:** Richard J. Visingardi, Director

**THROUGH:** Flo Stein, Chief, Community Policy Management Section

**RE:** Substance Abuse Prevention Services Definition and Prevention Record Requirements

This communication is to introduce the newly developed substance abuse prevention services definition of Behavioral Health Prevention Education Services and to distribute the Substance Abuse Services Prevention Record requirements that will be published in the revised *Service Records Manual*.

Behavioral Health Prevention Education Services is a Child Substance Abuse service designed to prevent or delay the first use of substances or to reduce or eliminate the use of substances. This is a non-Medicaid service that is preventative in nature and is not intended for individuals who have been determined to have a diagnosable substance abuse or mental health disorder that requires treatment. The service is funded through the Substance Abuse Prevention and Treatment Block Grant Program or the Safe and Drug-Free Schools and Communities Act Program.

This service is provided in a group modality and is intended to meet the substance abuse prevention and/or early intervention needs of clients with identified risk factors for substance abuse problems or with identified risk factors and early problems related to substance use. Target populations are in the IPRS categories of Child Substance Abuse Selective Prevention (CSSP) and Child Substance Abuse Indicated Prevention (CSIP). A qualified provider of this service is required to utilize an evidenced-based program in one of three nationally approved categories: Promising Programs, Effective Programs, or Model Programs.

The staff-to-child or adolescent/family client ratio in this service should be no fewer than one provider for every 10 or fewer child or adolescent CSSP or CSIP clients in attendance. If the group size exceeds 10 child or adolescent clients, the group shall be served by no fewer than 2 providers. The maximum group size is no more than 20 enrolled child or adolescent CSSP or CSIP clients.

Behavioral Health Prevention Education Services for a client (including services to parent collaterals) is limited to a maximum of 2 hours and 45 minutes per day. The service is reimbursed at a statewide rate of \$3.13 per 15 minute unit per CSSP or CSIP child or adolescent client in attendance in the group session.



For a group session attended by parent collateral(s) only, the service is reimbursed on the basis of the number of target CSSP or CSIP child or adolescent clients represented by parent collateral(s) in attendance. For a group session attended by a combination of parent collateral(s) and target CSSP or CSIP child or adolescent clients, the service is reimbursed on the basis of the number of target CSSP or CSIP child or adolescent clients in attendance.

Please find enclosed the following:

- (1) "Behavioral Health Prevention Education Services" Service Definition
- (2) DMH/DD/SAS Sample "Service Grid for Documentation of Behavioral Health Prevention Education Services (BHPES) in the Substance Abuse Services Record for Child and Adolescent Selective and Indicated Prevention Services"
- (3) "Substance Abuse Services Record for Child and Adolescent Selective and Indicted Prevention Services"

Any questions about this service definition or prevention record requirements should be directed to Dr. Janice Petersen, Team Leader of the Prevention and Early Intervention Team at 919-715-5989 or [Janice.Petersen@ncmail.net](mailto:Janice.Petersen@ncmail.net), or to Spencer Clark, Director of Operations, Community Policy Management Section at 919-733-4670 or [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net).

Thank you.

Enclosures (3)

cc: Carmen Hooker Odom, DHHS Secretary  
Lanier Cansler  
Jim Bernstein  
Executive Leadership Team  
Carol Duncan Clayton, NC Council of Community Programs  
Robin Huffman  
Fred Waddle  
Patrice Roesler



## **Behavioral Health Prevention Education Services**

Behavioral Health Prevention Education Services are designed to prevent or delay the first use of substances or to reduce or eliminate the use of substances. This service is provided in a group modality and is intended to meet the substance abuse prevention and/or early intervention needs of participants with identified risk factors for substance abuse problems (Selective) and/or with identified early problems related to substance use (Indicated). Participants in Behavioral Health Prevention Education Services have identified risk factors or show emerging signs of use and the potential for substance abuse. The most typical program has a provider working directly with participants or parents (in a group setting) in a wide variety of settings including naturally occurring settings (school or community, etc.) on reducing known risk factors and/or enhancing protective factors that occur in that setting. Services are designed to explore and address the individual's behaviors or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of substance use. This service includes education and training of caregivers and others who have a legitimate role in addressing the risk factors identified in the service plan. This service includes, but is not limited to children of substance abuser groups, education services for youth, parenting/family management services, peer leader/helper programs, and small group sessions. This service is preventative in nature and is not intended for individuals who have been determined to have a diagnosable substance abuse or mental health disorder which requires treatment. Behavioral Health Prevention Education Services may be reimbursed up to 2 hours and 45 minutes per day. This service is time-limited based on the duration of the curriculum-based program used. A provider is required to utilize an evidenced-based program in one of three nationally approved categories: Promising Programs, Effective Programs, and Model Programs.

### **Relationship and Interventions**

There should be a relationship between the provider and participant or primary caregiver which addresses and/or implements a substance abuse evidence-based program outlined in the service plan that includes but is not limited to the following: knowledge acquisition, influencing attitudes, perceptions and intentions to use substances through interactive discussions to increase resiliency. Services include supportive counseling, consultation with the participant to increase awareness of risk factors, enhancing skills of primary caregiver in relation to the needs of the participant, enhancing communication and problem solving skills, and monitoring participant behavior and response. Through various strategies and interactive approaches between the provider and the participants, this service emphasizes the role of individual factors, the peer group, the family, school, community, and environmental/societal norms in influencing personal decisions about substance use.

### **Structure of Daily Living**

This service is focused on assisting participants in preventing the use and/or abuse of substances in school, home, or community and in assisting the primary caregiver in acquiring the skills needed to assist the participant in preventing or delaying the first use of substances or in eliminating or reducing the early use of substances. Service recipients include children and their parents/guardians.

### **Cognitive and Behavioral Skill Acquisition**

This service is intended to assist participants in better understanding how to respond to a wide range of intra/interpersonal issues related to risk and protective factors and the acquisition of the social, cognitive, and behavioral skills. Services are needed to prevent or delay the use of substances or to eliminate or reduce the early use of substances and/or to assist the primary caregiver in better meeting the needs related to the risk and protective factors identified in the service plan. The emphasis is on acquiring the social, personal, and peer refusal skills necessary to effect decision-making and resiliency when faced with negative pressures or inducements to become involved in substance use and abuse.

## Behavioral Health Prevention Education Services

This service also provides training in parenting techniques including the communication of clear expectations and norms regarding the non-use of substances; logical consequences, and consistency in the administration of punishment and rewards; limit-setting and the delineation of boundaries; and supervision and structure.

### Service Type

This service is delivered in a group context consisting of participants and/or their caregivers. This is a prevention service which targets individuals at-risk of substance use or showing early signs of substance use. This service is not intended for individuals in need of treatment services. The intent of this service is not to take the place of periodic treatment, day/night, or 24-hour services. This service is not billable to Medicaid.

The staff-to-child/family ratio should be no fewer than one provider for every 10 or fewer enrolled children or adolescents in attendance.

The maximum group size is no more than 20 enrolled children or adolescents (to be served by no fewer than 2 providers).

### Resiliency/Environmental Intervention

This service focuses on assisting participants in reducing risk factors and/or enhancing protective factors including developing prosocial involvement and providing support for health and safety factors. This service involves interaction between the provider and the participants through a variety of activities designed to affect critical life choices and social skill development in the individual, peer, family, school and community environments.

### Service Delivery Setting

This service is provided in the school or any other community setting in which risk and protective factors have been assessed or identified.

### Service Eligibility

There is an ICD-9 diagnosis of V65.42 (Counseling on substance use and abuse) and sufficient assessment has been performed to screen for, and rule out, substance-related or mental health diagnoses.

**And,**

Individuals meet the criteria for Level 0.5 Early Intervention in the appropriate ASAM Patient Placement Criteria.

**And,**

The individual meets the eligibility criteria for inclusion in one of the following target population groups:

a) Selective Prevention - the individual is deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment (e.g., children of adult alcoholics, dropouts, or students who are failing academically). Risk groups may be identified on the basis of a variety of risk factors as defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Selective Prevention (CSSP).

b) Indicated Prevention - the individual is identified on the basis of one or more risk factors, and is showing early signs of problems, and has begun to use tobacco, alcohol, and/or other drugs. The

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individual exhibits substance use behavior that puts them at risk for substance abuse or dependence. Risk factors are defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Indicated Prevention (CSIP).

### Service Order Requirement

This service must be ordered by the area program's Substance Abuse Prevention Program Director according to *10 NCAC 14V* or by a Certified Substance Abuse Prevention Consultant (CSAPC) who holds a current certification from the North Carolina Substance Abuse Professional Certification Board prior to the beginning of the service.

### Continuation/Utilization Review Criteria

The participant has not successfully completed the various components of the prevention program model. The desired knowledge, attitudes, and/or behaviors have not been attained over the timeframe outlined in the participant's service plan.

### Discharge Criteria

The individual has successfully completed the program module including the administration of pre- and post-test outcome measures.

**Or**

The individual shows signs of a diagnosable substance abuse or mental health condition at a clinical level which requires referral for active treatment.

### Service Maintenance Criteria

Service maintenance criteria are not applicable to the Behavioral Health Prevention Education Service since this is a short-term, time-limited service where the individual is discharged upon successful completion of the prescribed series. It is not the intent of this service for participants to extend their stay in the program after the completion of the program module. Re-admission to this service requires a new risk profile to determine an appropriate program assignment.

### Provider Requirement and Supervision

Behavioral Health Prevention Education Services (BHPES) is a professional level service provided by individuals who meet qualifications requiring that:

1) The individual meets the qualifications of a Qualified Substance Abuse Professional (QSAP) or an Associate Professional in substance abuse according to 10 NCAC 14V within the requirements of this rule;

**OR**

2) The individual, within the mental health, developmental disabilities, and substance abuse (mh/dd/sas) system of care, is:

- (i) a graduate of a college or university with a Masters degree in a related human service field and has one year of full-time, post-graduate degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (ii) a graduate of a college or university with a bachelor's degree in a related human service field and has two years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (iii) a graduate of a college or university with a bachelor's degree in a field not related to

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- (iv) human services and has four years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or  
A substance abuse prevention professional who is certified as a Certified Substance Abuse Prevention Consultant (CSAPC) by the North Carolina Substance Abuse Professional Certification Board;

**OR**

3) The individual prior to April 1, 2003 provided substance abuse primary prevention services that were previously billed as HRI, CBI, or CBS.

Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.

In addition, the substance abuse professional providing these services to children and adolescents and their families should be knowledgeable about the biopsychosocial dimensions of substance abuse and dependence; knowledgeable about adolescent development; experienced working with and engaging adolescents; able to recognize mental health concerns and substance-related disorders; skilled in alcohol and other drug education, motivational counseling, and brief intervention techniques; aware of the legal and personal consequences of inappropriate substance use, and skilled in the delivery of an evidence-based substance abuse selective or indicated prevention program.

### Documentation Requirements

The service record shall follow the requirements set forth in the Substance Abuse Services Record for Child and Adolescent Selective and Indicated Prevention Services\* as it pertains to the assessment, service plan and service provision. (\*To be included in the 2003 Revision of the Service Records Manual).

The assessment of the participant shall include documentation of the findings on a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse, and shall include documentation of individual risk factor(s), history of substance use, if any, a description of the child's or adolescent's current substance use patterns, if any, and attitudes towards use. Documentation shall include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for further assessment and/or treatment for a substance abuse or dependence diagnosis and/or a co-occurring psychiatric diagnosis.

The Plan shall be based on an identification of the child's, adolescent's, and/or family's problems, needs, and risk factors, with recognition of the strengths, supports, and protective factors. The Plan shall match the child or adolescent risk profile with appropriate evidence-based Selective or Indicated Substance Abuse Prevention goals that address the child's or adolescent's and/or family's knowledge, skills, attitudes, intentions, and/or behaviors. The plan shall be signed by the participant and the parent/guardian, as appropriate, prior to the delivery of services.

Following the delivery of each service, the minimal standard for documentation in the service record shall be a Service Grid which includes:

- a) identification of the evidence-based program being implemented;
- b) full date and duration of the service that was provided;

## Behavioral Health Prevention Education Services

- c) listing of the individual child or adolescent and/or his or her family members that were in attendance;
- d) identification of the curriculum module delivered;
- e) identification of the module goal;
- f) identification of the activity description of the module delivered; and
- g) initials of the staff member providing the service which shall correspond to a signature with credentials identified on the signature log section of the Service Grid.

In addition to the above, notation of significant findings or changes in the status of the child or adolescent that pertain to the appropriateness of provision of services at the current level of care and/or the need for referral for other services shall be documented.

### Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
<i>Not Billable</i>	<b>H0025</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

## SUBSTANCE ABUSE SERVICES RECORD FOR CHILD AND ADOLESCENT SELECTIVE AND INDICATED PREVENTION SERVICES

The **Substance Abuse Prevention Services Record** shall be required for all children and adolescents receiving substance abuse selective and indicated prevention services and shall meet the following minimum requirements:

- **Client Data Warehouse (CDW) Requirements:** Documentation of designated reporting requirements of the Client Data Warehouse (CDW) for substance abuse admission and discharge. Included are all of the regular mandatory and required CDW items with the exception of not requiring "Substance Abuse (Drug of Choice) Details" or "Substance Abuse Treatment (Movement) Details".
- **Documentation of Child or Adolescent Risk Profile:** Documentation of the findings of a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse.
- **Assessment and Plan:** Each child or adolescent shall be assessed with documentation of individual risk factor(s), history of substance use, if any, a description of the child's or adolescent's current substance use patterns, if any, and attitudes towards use. Documentation shall include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for further assessment and/or treatment for a substance abuse or dependence diagnosis and/or a co-occurring psychiatric diagnosis. The Plan shall be based on the child's, adolescent's, and/or family's problems, needs, and risk factors, with recognition of the strengths, supports, and protective factors. The Plan shall match the Child or Adolescent Risk Profile with an appropriate evidence-based program for selective or indicated substance abuse prevention services that addresses the child's or adolescent's and/or family's knowledge, skills, attitudes, intentions, and/or behaviors. The Plan shall include both the staff and the child's or adolescent's signatures demonstrating the involvement of all parties in the development of the Plan and the child's or adolescent's consent/agreement to the Plan. Consistent with North Carolina law (G.S. 90-21.5), the Plan may be implemented without parental consent when services are provided under the direction and supervision of a physician. When services are not provided under the direction and supervision of a physician, the Plan shall also require the signature of the parent or guardian of the child or adolescent demonstrating the involvement of the parent or guardian in the development of the Plan and the parent's or guardian's consent/agreement to the Plan.
- **ICD-9 Classification of V65.42 Counseling on Substance Use and Abuse**  
Included shall be the ICD-9 Supplementary Classification of Factors Influencing Health Status and Contact with Health Services for persons seeking consultation without complaint or sickness for preventative health advice, education, or instruction through the code of **V65.42 Counseling on Substance Use and Abuse**.
- **Use of ASAM Placement Criteria:** The *ASAM Placement Criteria* Adolescent Admission Criteria for Level 0.5: Early Intervention shall be used for all children and adolescents with appropriate documentation of the individual's presentation in each of six dimensional criteria.
- **Consent for Participation:** In all circumstances the child or adolescent shall sign consent for participation in substance abuse selective or indicated prevention services. Consistent with North Carolina law (G.S. 90-21.5), a qualified substance abuse prevention professional may provide these services to a minor without parental consent when practicing under the direction and supervision of a physician licensed in North Carolina.

In the event that these substance abuse prevention services are not provided under the direction and supervision of a physician, the consent of the parent or legal guardian of the child or adolescent is required in addition to the consent of the child or adolescent.

- **Service Grid:** A service grid shall include a notation following the delivery of each service and shall include the date and duration of the service that was provided, a listing of the individual child or adolescent and/or his or her family members that were in attendance, an identification of the evidence-based program module and service type, session goal, standard activity description, and initials of the staff member providing the service. The initials shall correspond to a signature with credentials identified on the signature log section of the service grid. Also to be documented, as appropriate, shall be a special notation of any child or adolescent significant findings or changes in status that pertain to the provision of services at the current level of care or the need for referral for other services.
- **Individual and Family Outcomes:** Documentation shall include the findings of the standardized pre-tests and post-tests associated with the evidence-based program being implemented, and the individual and/or family outcomes resulting from the program intervention.

## USE OF ASAM FOR SELECTIVE AND INDICATED PREVENTION SERVICES

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services has adopted the American Society of Addiction Medicine *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R)* for use by all area programs and contract agencies. The Adolescent Patient Placement Criteria for Early Intervention Level 0.5 should be used for all children and adolescents being assessed for the Target Population Categories of Selective Prevention and Indicated Prevention in the Integrated Payment and Reporting System (IPRS). The *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised* (pp. 179-208) reads as follows:

### ***ASAM Adolescent Criteria for Level 0.5: Early Intervention***

Early Intervention is an organized service that may be delivered in a wide variety of settings. Early intervention services are designed to explore and address the adolescent's problems or risk factors that appear to be related to substance use and to assist the adolescent in recognizing the harmful consequences of substance use.

#### Setting

Level 0.5 services may be offered in any age-appropriate setting, including clinical offices or permanent facilities, schools, work-sites, community centers, or an adolescent's home.

#### Staff

Level 0.5 services may be provided by any professional who is knowledgeable about the biopsychosocial dimensions of substance abuse and dependence, knowledgeable about adolescent development, experienced working with and engaging adolescents, able to recognize mental health concerns and substance-related disorders; skilled in alcohol and other drug education, motivational counseling, and brief intervention techniques; and aware of the legal and personal consequences of inappropriate substance use.

#### Interventions

Interventions offered at Level 0.5 may involve individual, group or family counseling, as well as planned educational experiences focused on helping the adolescent recognize and avoid substance abuse.

#### Assessment

At Level 0.5, sufficient assessment is performed to screen for, and rule out, substance-related and co-occurring psychiatric disorders. Screening instruments may be used.

#### Documentation:

Documentation standards of Level 0.5 include progress notes in the adolescent's record that clearly indicate the assessment findings, attendance and significant clinical events, particularly those that require further assessment and referral.

**ASAM Level 0.5 Early Intervention:  
Adolescent Admission Criteria Diagnostic and Dimensional Criteria**

*Diagnostic Admission Criteria:*

The adolescent who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use but do not meet the diagnostic criteria for Substance-Related Disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or other standardized and widely accepted criteria.

*Dimensional Admission Criteria:*

The adolescent who is an appropriate candidate for Level 0.5 services meets one of the specifications in Dimensions 4, 5, or 6. Any identifiable problems in Dimensions 1, 2 or 3 are stable or are being addressed through appropriate outpatient medical or mental health services.

**Dimension 1:**

**Intoxication and/or Withdrawal:** The adolescent who is an appropriate candidate for Level 0.5 services shows no signs of acute or subacute withdrawal, or risk of acute withdrawal.

**Dimension 2:**

**Biomedical Conditions and Complications:** In Dimension 2, the adolescent's biomedical conditions or problems, if any, are stable or are being actively addressed through appropriate medical services and will not interfere with therapeutic interventions at this level of care.

**Dimension 3:**

**Emotional, Behavioral or Cognitive Conditions and Complications:** In Dimension 3, the adolescent's emotional, behavioral or cognitive conditions or complications, if any, are stable or are being actively addressed through appropriate mental health services and will not interfere with therapeutic interventions at this level of care.

**Dimension 4:**

**Readiness to Change:** In Dimension 4, the adolescent expresses willingness to gain an understanding of how his or her current use of alcohol or other drugs may be harmful or impair his or her ability to meet responsibilities and achieve personal goals.

**Dimension 5:**

**Continued Problem Potential:** The adolescent's status in Dimension 5 is characterized by (a) or (b):  
The adolescent does not understand or accept the need to alter his or her current pattern of use of alcohol or other drugs in order to prevent harm that may be related to such use; or  
The adolescent needs to acquire the specific skills needed to change his or her current pattern of use.

**Dimension 6:**

**Living Environment:** The adolescent's status in Dimension 6 is characterized by (a) or (b) or (c) or (d):

- a. A significant member of the adolescent's social support system has a pattern of substance use that prevents him or her from meeting social, work, school or family obligations; or
- b. One of more family members are abusing alcohol or other drugs (or have done so in the past), thereby heightening the adolescent's risk for a substance-related disorder; or

- c. A significant member of the adolescent's social support system expresses values concerning alcohol or other drug use that pose a risk to the adolescent of initiation of such use or progression of an established pattern of substance use; or
- d. A significant member of the adolescent's social support system condones or encourages use of alcohol or other drugs.

## SUBSTANCE ABUSE SERVICES RECORD FOR CHILD AND ADOLESCENT SELECTIVE AND INDICATED PREVENTION SERVICES

The **Substance Abuse Prevention Services Record** shall be required for all children and adolescents receiving substance abuse selective and indicated prevention services and shall meet the following minimum requirements:

- **Client Data Warehouse (CDW) Requirements:** Documentation of designated reporting requirements of the Client Data Warehouse (CDW) for substance abuse admission and discharge. Included are all of the regular mandatory and required CDW items with the exception of not requiring "Substance Abuse (Drug of Choice) Details" or "Substance Abuse Treatment (Movement) Details".
- **Documentation of Child or Adolescent Risk Profile:** Documentation of the findings of a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse.
- **Assessment and Plan:** Each child or adolescent shall be assessed with documentation of individual risk factor(s), history of substance use, if any, a description of the child's or adolescent's current substance use patterns, if any, and attitudes towards use. Documentation shall include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for further assessment and/or treatment for a substance abuse or dependence diagnosis and/or a co-occurring psychiatric diagnosis. The Plan shall be based on the child's, adolescent's, and/or family's problems, needs, and risk factors, with recognition of the strengths, supports, and protective factors. The Plan shall match the Child or Adolescent Risk Profile with an appropriate evidence-based program for selective or indicated substance abuse prevention services that addresses the child's or adolescent's and/or family's knowledge, skills, attitudes, intentions, and/or behaviors. The Plan shall include both the staff and the child's or adolescent's signatures demonstrating the involvement of all parties in the development of the Plan and the child's or adolescent's consent/agreement to the Plan. Consistent with North Carolina law (G.S. 90-21.5), the Plan may be implemented without parental consent when services are provided under the direction and supervision of a physician. When services are not provided under the direction and supervision of a physician, the Plan shall also require the signature of the parent or guardian of the child or adolescent demonstrating the involvement of the parent or guardian in the development of the Plan and the parent's or guardian's consent/agreement to the Plan.
- **ICD-9 Classification of V65.42 Counseling on Substance Use and Abuse**  
Included shall be the ICD-9 Supplementary Classification of Factors Influencing Health Status and Contact with Health Services for persons seeking consultation without complaint or sickness for preventative health advice, education, or instruction through the code of **V65.42 Counseling on Substance Use and Abuse**.
- **Use of ASAM Placement Criteria:** The *ASAM Placement Criteria* Adolescent Admission Criteria for Level 0.5: Early Intervention shall be used for all children and adolescents with appropriate documentation of the individual's presentation in each of six dimensional criteria.
- **Consent for Participation:** In all circumstances the child or adolescent shall sign consent for participation in substance abuse selective or indicated prevention services. Consistent with North Carolina law (G.S. 90-21.5), a qualified substance abuse prevention professional may provide these services to a minor without parental consent when practicing under the direction and supervision of a physician licensed in North Carolina.

In the event that these substance abuse prevention services are not provided under the direction and supervision of a physician, the consent of the parent or legal guardian of the child or adolescent is required in addition to the consent of the child or adolescent.

- **Service Grid:** A service grid shall include a notation following the delivery of each service and shall include the date and duration of the service that was provided, a listing of the individual child or adolescent and/or his or her family members that were in attendance, an identification of the evidence-based program module and service type, session goal, standard activity description, and initials of the staff member providing the service. The initials shall correspond to a signature with credentials identified on the signature log section of the service grid. Also to be documented, as appropriate, shall be a special notation of any child or adolescent significant findings or changes in status that pertain to the provision of services at the current level of care or the need for referral for other services.
- **Individual and Family Outcomes:** Documentation shall include the findings of the standardized pre-tests and post-tests associated with the evidence-based program being implemented, and the individual and/or family outcomes resulting from the program intervention.

## USE OF ASAM FOR SELECTIVE AND INDICATED PREVENTION SERVICES

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services has adopted the American Society of Addiction Medicine *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R)* for use by all area programs and contract agencies. The Adolescent Patient Placement Criteria for Early Intervention Level 0.5 should be used for all children and adolescents being assessed for the Target Population Categories of Selective Prevention and Indicated Prevention in the Integrated Payment and Reporting System (IPRS). The *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised* (pp. 179-208) reads as follows:

### ***ASAM Adolescent Criteria for Level 0.5: Early Intervention***

Early Intervention is an organized service that may be delivered in a wide variety of settings. Early intervention services are designed to explore and address the adolescent's problems or risk factors that appear to be related to substance use and to assist the adolescent in recognizing the harmful consequences of substance use.

#### Setting

Level 0.5 services may be offered in any age-appropriate setting, including clinical offices or permanent facilities, schools, work-sites, community centers, or an adolescent's home.

#### Staff

Level 0.5 services may be provided by any professional who is knowledgeable about the biopsychosocial dimensions of substance abuse and dependence, knowledgeable about adolescent development, experienced working with and engaging adolescents, able to recognize mental health concerns and substance-related disorders; skilled in alcohol and other drug education, motivational counseling, and brief intervention techniques; and aware of the legal and personal consequences of inappropriate substance use.

#### Interventions

Interventions offered at Level 0.5 may involve individual, group or family counseling, as well as planned educational experiences focused on helping the adolescent recognize and avoid substance abuse.

#### Assessment

At Level 0.5, sufficient assessment is performed to screen for, and rule out, substance-related and co-occurring psychiatric disorders. Screening instruments may be used.

#### Documentation:

Documentation standards of Level 0.5 include progress notes in the adolescent's record that clearly indicate the assessment findings, attendance and significant clinical events, particularly those that require further assessment and referral.

**ASAM Level 0.5 Early Intervention:  
Adolescent Admission Criteria Diagnostic and Dimensional Criteria**

*Diagnostic Admission Criteria:*

The adolescent who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use but do not meet the diagnostic criteria for Substance-Related Disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or other standardized and widely accepted criteria.

*Dimensional Admission Criteria:*

The adolescent who is an appropriate candidate for Level 0.5 services meets one of the specifications in Dimensions 4, 5, or 6. Any identifiable problems in Dimensions 1, 2 or 3 are stable or are being addressed through appropriate outpatient medical or mental health services.

**Dimension 1:**

**Intoxication and/or Withdrawal:** The adolescent who is an appropriate candidate for Level 0.5 services shows no signs of acute or subacute withdrawal, or risk of acute withdrawal.

**Dimension 2:**

**Biomedical Conditions and Complications:** In Dimension 2, the adolescent's biomedical conditions or problems, if any, are stable or are being actively addressed through appropriate medical services and will not interfere with therapeutic interventions at this level of care.

**Dimension 3:**

**Emotional, Behavioral or Cognitive Conditions and Complications:** In Dimension 3, the adolescent's emotional, behavioral or cognitive conditions or complications, if any, are stable or are being actively addressed through appropriate mental health services and will not interfere with therapeutic interventions at this level of care.

**Dimension 4:**

**Readiness to Change:** In Dimension 4, the adolescent expresses willingness to gain an understanding of how his or her current use of alcohol or other drugs may be harmful or impair his or her ability to meet responsibilities and achieve personal goals.

**Dimension 5:**

**Continued Problem Potential:** The adolescent's status in Dimension 5 is characterized by (a) or (b):  
The adolescent does not understand or accept the need to alter his or her current pattern of use of alcohol or other drugs in order to prevent harm that may be related to such use; or  
The adolescent needs to acquire the specific skills needed to change his or her current pattern of use.

**Dimension 6:**

**Living Environment:** The adolescent's status in Dimension 6 is characterized by (a) or (b) or (c) or (d):

- a. A significant member of the adolescent's social support system has a pattern of substance use that prevents him or her from meeting social, work, school or family obligations; or
- b. One of more family members are abusing alcohol or other drugs (or have done so in the past), thereby heightening the adolescent's risk for a substance-related disorder; or

- c. A significant member of the adolescent's social support system expresses values concerning alcohol or other drug use that pose a risk to the adolescent of initiation of such use or progression of an established pattern of substance use; or
- d. A significant member of the adolescent's social support system condones or encourages use of alcohol or other drugs.